ATTACHM

4.18-C

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OMB No: 0938-0193

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MICHIGAN

## A. The following charges are imposed on the medically needy for services:

	Type Char	ge	
Service	Deduct Coins	Copay	Amount and Basis for Determination
Vision services provided to recipients age 21 and over		х	\$2.00/each reimbursable visit. The average payment for service for recipients age 21 and over is \$27.00.
Dental services provided to recipients age 21 and over		X	\$3.00/each reimbursable visit. The average payment for service for recipients age 21 and over is \$110.00.
Podiatric services provided to recipage 21 and over.	ients	Х	\$2.00/each reimbursable visit. The average payment for services for recipients age 21 and over is \$32.
Hearing aids provided to recipients age 21 and over		Х	\$3.00 on each hearing aid. The average payment for a hearing aid for recipients age 21 and over is \$340.00.
Pharmacy services specified by the Department for certain ambulatory recipients age 21 and over		Х	\$1.00/each prescription. The average payment for service for recipients age 21 and over is \$15.90.
Chiropractic services provided to recage 21 and older.	cipients	х	\$1.00/each reimbursable visit. The average payment for service for recipients age 21 and over is \$11.

N. A.		
N No.		/ /
upersedes	Approval Date	8/6/93
N No. 92-21		



Revision: HCFA-PM-85-14 (BERC)

SEPTEMBER 1985

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STATE PL	AN UNDER TITLE XIX OF THE	SOCIAL SECURITY ACT
State	MICHIGAN	
e method used to dividuals:	collect cost sharing char	rges for medically needy
		ng the cost sharing charges
arge, and the me	eans by which such an indi-	
he or she canno viders have bee that they canno	ot afford to pay the copay on notified through the pr ot refuse to treat an indi	ment. The medical pro-
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des	Approval Date	Effective Date07/01/85
		HCFA ID: 0053C/0061E
	state:  method used to dividuals:  Providers are from individual.  The agency re and collects  basis for dete arge, and the me oviders, is desc  It is the recip he or she cannot viders have bee that they cannot inability to pa	smethod used to collect cost sharing characteristic from individuals.  The agency reimburses providers the full and collects the cost sharing charges is basis for determining whether an individuals, arge, and the means by which such an individuals, is described below:  It is the recipient's responsibility to the or she cannot afford to pay the copay viders have been notified through the protection of the pay the copay with the pay the copayment.

Supercedes 76-42 Date Rec'd 12/20/85

Supercedes 76-42 Date Appr. 1/4/86

State Rep. In. \_\_\_\_\_ Date Eff. \_\_\_\_7/1/85

ATTACHMENT 4.18-C Revision: HCFA-PM-85-14 (BERC) Page 3 SEPTEMBER 1985 STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MICHIGAN State: D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below: The Invoice Processing system will not deduct a copayment for any of the exemptions identified below. Additionally, all affected providers have been notified of these exemptions. For all other services where a copayment is involved, the Invoice Processing system will automatically deduct the copayment amount from the provider's claim. Pregnant Women - All drugs that are specifically identifiable to a pregnant condition are excluded from the copayment policy. Institutionalized Individuals - All individuals in a long-termcare facility are excluded from the copayment policy. Children - The copayment policy does not apply to individuals under the age of 21 years. Family Planning - The copayment policy does not apply to family planning drugs and supplies. Emergency Services - The copayment policy does not apply to emergency services. Health Maintenance Organization (HMO) Enrollees - HMO enrollees are not charged a copayment by the Medicaid program, and the Invoice Processing system is set up to not charge any copayments toward the HMO capitation rate. However, the HMO may charge a copayment of the same amount as Medicaid or of a lesser amount for the same services that Medicaid is charging a copayment on. E. Cumulative maximums on charges:

X/ State policy does not provide for cumulative maximums.

// Cumulative maximums have been established as described below:

HCFA-179 # 85-27	Date Rec'd _	12/20122
Supercados	Date Annr	1/6/86
State Rep. In.	Date Eff	7/1/82